



SafeChain Solutions

VENDOR INTAKE APPLICATION

Company Name:	Boulevard 9229 LLC		
Company DBA:	Boulevard 9229 LLC		
Company Address:	9229 Queens Blvd Ste 11		
	Street Address		
	Rego Park	NY	11374
	City	State	Zip Code
Payment Remit To Address:	9229 Queens Blvd Ste 11		
	Street Address		
	Rego Park	NY	11374
	City	State	Zip Code
Accounts Receivable Contact Name:	Ishbar Shukurov		
Accounts Receivable Phone Number:	[REDACTED]		
Accounts Receivable Email Address:	Boulevard9229@gmail.com		
Payment Terms:			
Credit Limit:			
Payment Preference	Check <input checked="" type="checkbox"/>	ACH <input checked="" type="checkbox"/>	Wire <input type="checkbox"/>
If to be paid by ACH:	Bank Name:	Chase	
	Bank Routing Number:	[REDACTED]	
	Bank Account Number:	[REDACTED]	
If to be paid by Wire:	Bank Name:	Chase	
	Bank Routing Number:	[REDACTED]	
	Bank Account Number:	[REDACTED]	
Email for PO's to be sent to:			
<p>Please attach your Maryland, and/or Utah State Licenses, along with a DEA License if selling controlled products to Safe Chain Solutions.</p> <p>Please also attach your W9 for tax purposes. (No payments can be made until Form W-9 is provided)</p>			

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
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Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Isibory Shukerov</i>
2 Business name/disregarded entity name, if different from above <i>Boulevard 9229 LLC</i>
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> </div> <div> <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see instructions) ▶ _____ </div> </div>
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <i>9229 Queens Blvd Ste 1I</i>
6 City, state, and ZIP code. <i>Rego Park NY 11374</i>
7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
 Signature of U.S. person ▶

Isibory Shukerov

Date ▶ *04/13/2020*

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form
 An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.
 • Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)
 • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 • Form 1099-S (proceeds from real estate transactions)
 • Form 1099-K (merchant card and third party network transactions)
 • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 • Form 1099-C (canceled debt)
 • Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT**

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
FAWAD PIRACHA



2019-21

**THIS IS TO CERTIFY
BOULEVARD 9229 LLC**
9229 QUEENS BLVD STE 11
REGO PARK, NY 11374

is duly recorded as a

**REGISTERED WHOLESALE
OF DRUGS AND/OR DEVICES**

in conformity with the provisions of section 6808 of the Education Law

**THIS CERTIFICATE IS EFFECTIVE ON THE SIXTEENTH DAY OF JANUARY, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 2021.**

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

037678



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY